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RULE				

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/863,911 05/23/2001 which claims benefit of 60/207,043 05/25/2000
 This application 10/722,363
 claims benefit of 60/429,249 11/25/2002
 and claims benefit of 60/429,250 11/25/2002
 and claims benefit of 60/429,476 11/26/2002
 and claims benefit of 60/429,521 11/26/2002
 and claims benefit of 60/429,528 11/26/2002
 and claims benefit of 60/453,370 03/10/2003
 and claims benefit of 60/465,733 04/25/2003

OK JM

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 32	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>JM</i>				

ADDRESS

28995

TITLE

Cash dispensing automated banking machine diagnostic system and method

FILING FEE RECEIVED 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)